

FIGURE 8-A
CERTIFICATE OF LIVE BIRTH
2002

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA <small>USE BLACK INK ONLY</small>												
STATE FILE NUMBER						LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER						
THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN)				1B. MIDDLE		1C. LAST (FAMILY)					
	2. SEX		3A. THIS BIRTH. SINGLE, TWIN, ETC.		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH — MM/DD/CCYY		4B. HOUR — (24 HOUR CLOCK TIME)			
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY						5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION					
	5C. CITY						5D. COUNTY		5E. PLANNED PLACE OF BIRTH			
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN)				6B. MIDDLE		6C. LAST (FAMILY)				7. STATE OF BIRTH	
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN)				9B. MIDDLE		9C. LAST (MAIDEN)				10. STATE OF BIRTH	
INFORMANT CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				12A. PARENT OR OTHER INFORMANT — SIGNATURE				12B. RELATIONSHIP TO CHILD		12C. DATE SIGNED	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.				13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE				13B. LICENSE		13C. DATE SIGNED	
CERTIFICATION OF BIRTH	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT						TYPED NAME		CERTIFIER IF OTHER THAN ATTENDANT			
	15A. DATE OF DEATH		15B. STATE FILE NO. (STATE USE ONLY)		16. LOCAL REGISTRAR		17. DATE ACCEPTED FOR REGISTRATION					
CONFIDENTIAL FOR PUBLIC HEALTH USE ONLY												
FATHER	18. RACE		19. HIGHEST GRADE OF SCHOOL		20. USUAL OCCUPATION		20B. USUAL BUSINESS OR INDUSTRY		20C. EDUCATION			
	21. RACE		22. HIGHEST GRADE OF SCHOOL		23A. USUAL OCCUPATION		23B. USUAL BUSINESS OR INDUSTRY		23C. EDUCATION			
MOTHER	24A. RESIDENCE — STREET, NUMBER, CITY, AND STATE						24B. COUNTY					
	24C. CITY						24D. STATE		24E. ZIP CODE			
MEDICAL DATA	25A. DATE LAST NORMAL MENSES BEGAN				25B. MONTH PRENATAL CARE BEGAN		25C. NUMBER OF PRENATAL VISITS		27. PREGNANCY HISTORY (COMPLETE EACH SECTION)			
	25D. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE				26. BIRTHWEIGHT		28A. METHOD OF DELIVERY		27. PREGNANCY HISTORY (COMPLETE EACH SECTION) LIVE BIRTHS (DO NOT COUNT THIS CHILD) NOW LIVING NOW DEAD		OTHER TERMINATIONS (EXCLUDE INDUCED ABORTIONS) BEFORE 20 WEEKS AFTER 20 WEEKS	
	28B. EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY				29. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES				DATE OF LAST LIVE BIRTH		DATE OF LAST OTHER TERMINATION	
	30. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY						31. ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATED TO THE NEWBORN					
ENTER THE APPROPRIATE CODE(S) FOR ITEMS 25D AND 28A THRU 31 FROM THE VS10A SUPPLEMENTAL WORKSHEET.												
A.		B.		C.		D.		E.		F.		
						CENSUS TRACT		32. FATHER'S SOCIAL SECURITY NO.		33. MOTHER'S SOCIAL SECURITY NO.		

VS 10D (REV. 1/00)

PRIVACY NOTIFICATION

This information is collected by the State of California, Department of Health Services, Office of Vital Records, 304 S Street, Sacramento, CA 95814. The information is required by Division 102 of the Health and Safety Code. This record is open to public access except where prohibited by statute. Every element on this form, except items 18 through 23C, 32, and 33, is mandatory. Failure to comply is a misdemeanor. The principal purposes of this record are to: 1) Establish a legal record of each vital event; 2) Provide certified copies for personal use; 3) Furnish information for demographic and epidemiological studies; and 4) Supply data to the National Center for Health Statistics for federal reports. Items 32 and 33 are included pursuant to Section 102425(b)(14) of the Health and Safety Code, and may be used for child support enforcement purposes.

Definition of Live Birth

"Live Birth" means the complete expulsion or extraction from its mother of a product of conception (irrespective of duration of pregnancy) which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

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